

City of Tempe
Parks and Recreation

SPRING 2004
ADULT BASEBALL LEAGUE REGISTRATION FORM

(Please Print – Complete All Information)

TEAM NAME _____

MANAGER/COACH _____

ADDRESS _____ CITY _____ ZIP _____

HOME PHONE _____ OFFICE PHONE _____ MOBILE PHONE _____

E-MAIL ADDRESS _____ FAX # _____

ASSISTANT COACH _____

ADDRESS _____ CITY _____ ZIP _____

HOME PHONE _____ OFFICE PHONE _____ MOBILE PHONE _____

E-MAIL ADDRESS _____ FAX # _____

Teams with previous Tempe experience answer the following:

Team Name _____ Record _____ Year _____

Team Name _____ Record _____ Year _____

Desired Level of Play:

_____ Competitive _____ Recreational

Do Not Write Below This Line

ENTRY FEE: _____ PAID BY: _____

IF REFUNDED, RETURNED TO: _____